1 540, M 50201

FE5AN018

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF THE SENATE

15 APP IF A

For An Authorized Committee					Office Use Only: L. S		
NAME OF COMMITTEE (in full)	TYPE OR PRINT		kample: If typing ver the lines.	ı, type	12FE4M5		
Friends of Jim Inhofe	, , , , , , ,	\$ 	1 1 1 1 1		I	. .	
	<u>i I I I I I</u>					<u></u>	
		<u></u>					
ADDRESS (number and street)	PO Box 13300						
Check if different than previously reported. (ACC)	Oklahoma City				OK 7311	3	
2. FEC IDENTIFICATION NU	MBER ▼	CITY A			STATE A	ZIP CODE	
C C00207993		3. IS THIS REPORT	NEW (N)	OR	AMENDED (A)	STATE ▼ DISTRICT	
4. TYPE OF REPORT (Cho		(b) 12-Day PRE	-Election Repor	t for the:			
X April 15 Quarterly R	enort (O1)		Primary (12P)		General (12G)	Runoff (12R)	
July 15 Quarterly Re			Convention (1)	2C)	Special (12S)		
October 15 Quarterl	y Report (Q3)	Election on	M M		ftes. ···	in the State of	
January 31 Year-End Report (YE)		(c) 30-Day POST-Election Report for the:					
			General (30G)		Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on	M M	₹	Spars in Spa	in the State of	
5. Covering Period 01	01	2015	through	M M M	0 0 0 31	2015	
I certify that I have examined this			owledge and be	əlief it is tru	e, correct and con	nplete.	
Type or Print Name of Treasurer Signature of Treasurer Timot.	hy I. Apr.	ch_		Da	04 hate	D D / Y Y Y Y Y 15 2015	
NOTE: Submission of false, erroned	ous, or incomplete	information may	subject the perso	on signing th	is Report to the pe	nalties of 2 U.S.C. §437g.	
Office Use Only					F	EC FORM 3 Revised 02/2003)	